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## **DOCKET NO: D5716CIP8**

## COMBINED DECLARATION AND POWER OF ATTORNEY

Staley A. Brod, as the below-named inventor, hereby declares that: his residence, post office address and citizenship are as stated below next to his name; he believes he is the original, first and only inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF TREATING AUTO-IMMUNE DISEASES USING TYPE ONE INTERFERONS, the specification of which:

$\mathbf{X}$	is filed herewith.	
_	was described and claimed in PCT International Applicatio	n No.
	filed onand as amended under PCT Article 19 on	·

He hereby states that he has reviewed and understands the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. He acknowledges the duty to disclose all information he knows to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a), including information which became known to him between the filing date of the prior application and the national or PCT international filing date of this patent application.

He hereby appoints the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Dr. Martin L. McGregor, Registration No. 29,239, Dr. Benjamin Adler, Registration No. 35,423 and Sarah J. Brashears, Registration No. 38,087. Address all telephone calls to telephone number 713/777-2321. Address all correspondence to, McGREGOR & ADLER, 8011 Candle Lane, Houston, TX 77071.

He hereby declares that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: STALEY A. BROD							
Inventor's Signature: Stry A Dust Date: 4 21 197							
Residence Address: 7015 Brook Run Lane, Houston, Texas 77040							
Citizen of: United States of America							
Post Office Address: 7015 Brook Run Lane, Houston, Texas 77040							

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Applicant or Patentee: Serial or Patent No.: Filed or Issued: April 21, 1997	Attorney's <b>BAA</b> Docket No.: <b>DS 7/6 C</b> A	43	•
For: Method of Treating Anto Immun	e Disease laing Type or	& InterFerence	
VERIFIED STATEME	NT (DECLARATION) CLA 9(f) and 1.27(c)) - NONPR	IMING SMALL ENTIT	Y
I hereby declare that I am an or concern identified below:	fficial of the nonprofit organi	zation empowered to act	on behalf of the
	402 North Division Street	<u>t</u>	
TYPE OF ORGANIZATION:	<u>Carson City, Nevada 8970</u>	<u>8</u>	
X TAX EXEMPT UNDER INTERNAL	REVENUE SERVICE CODE	(26 USC 501(a) AND 501	L(c)(3)
I hereby declare that the a organization as defined in 37 CFR 1.96 Title 35, United States Code.	ubove identified nonprofit e), for purposes of paying red	organization qualifies a luced fees under section	as a nonprofit 41(a) and (b) of
I hereby declare that rights unonprofit organization identified above inventor(s) STALLY, A. BROOT the specification	with regard to the invention described in	, entitled <u>McHad of Thea</u> manage Disease Using TX	main with the him Auto by De Ose Interferen
[] application serial patent no	al no, filed _	<del></del>	
If the rights held by the above concern or organization having rights to by any person, other than the inventor 1.9(d) or by any concern which would nonprofit organization under 37 CFR 1.  *NOTE: Separate verified states.	o the invention is listed below r, who could not qualify as a not qualify as a small busin .9(e). sements are required from a	v* and no rights to the inv a small business concern ness concern under 37 C	vention are held under 37 CFR FR 1.9(d) or a
organization having rights to th CFR 1.27) NAME	ne invention averring to thei	r status as small entitie	·s. (37
ADDRESS			
[] INDIVIDUAL [] SMAL	L BUSINESS CONCERN	[] NONPROFIT ORGA	NIZATION
NAME ADDRESS			
	L BUSINESS CONCERN	[] NONPROFIT ORGA	NIZATION
I acknowledge the duty to file, resulting in loss of entitlement to small the issue fee or any maintenance fee dappropriate. (37 CFR 1.28(b))	entity status prior to paying	or at the time of paving.	the earliest of
I hereby declare that all state:	ments made herein of my	own knowledge are true	and that all

statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON S	SIGNING:	JAMES I	F. WEILER		
TITLE OF PERSON C	THER THAN	OWNER: Y	ICE PRESIDE	NT	
ADDRESS OF PERSO	N SIGNING	ONE RIVE	RWAY, SUITE	1560, HOUSTON.	<b>TEXAS 77056</b>
SIGNATURE:	Have F		ulu		
DATE: <u>4/2//97</u> +/	<u>}.</u>				
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